

Dec 20 05 10:56a  
Division of Corporations

Parcorp Services, Ltd.

800-398-0461

P. 1  
Page 1 of 1

LOS 000121004

Florida Department of State  
Division of Corporations  
Public Access System

### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000288803 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : PARCORP SERVICES, LTD.  
Account Number : I19990000011  
Phone : (800) 603-2533  
Fax Number : 800-398-0461

fax to 630-717-9854  
fax out

RECEIVED  
05 DEC 20 AM 10:37  
DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

GAUDINI FAMILY TREE FARM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2005 DEC 20 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

LOS-121004  
qr

(((H05000288803 3)))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

GAUDINI FAMILY TREE FARM, LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**427 NE 107TH STREET  
MIAMI, FL 33161**Mailing Address:**427 NE 107TH STREET  
MIAMI, FL 33161**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

KIM GAUDINI

Name

427 NE 107TH STREETFlorida street address (P.O. Box NOT acceptable)MIAMI, FL 33161

City, State, and Zip

2005 DEC 20 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

(((H05000288803 3)))

(((H05000288803 3)))

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" - Manager

"MGRM" - Managing Member

**Name and Address:**MGRMKIM GAUDINI427 NE 107TH STREETMIAMI, FL 33161MGRMJEAN GAUDINI806 NE 92ND STREETMIAMI SHORES, FL 33138MGRMJOSEPH LANCASTER-GAUDINI19275 SW 185TH COURTMIAMI, FL 33187

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**DAVID L. SURINA, ORGANIZER**

Typed or printed name of signee

**Filing Fees:****\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

(((H05000288803 3)))

2006 DEC 20 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED